

2270

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH		Arizona State Board of Health		BUREAU OF VITAL STATISTICS		STATE FILE NO. <u>23A</u>	
1. PLACE OF DEATH				COUNTY <u>Apache</u> STATE <u>ARIZONA</u> REGISTERED NO. _____			
TOWNSHIP _____ OR VILLAGE <u>Eagar</u> OR _____				CITY _____ NO. _____ ST. _____ WARD _____			
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)				LENGTH OF RESIDENCE _____			
IN CITY OR TOWN WHERE DEATH OCCURRED <u>37</u> YRS. _____ MOS. _____ DS. _____				HOW LONG IN U.S. IF OF FOREIGN BIRTH? _____ YRS. _____ MOS. _____ DS. _____			
2. FULL NAME <u>Betha Stubbs Reucher</u>				HOW LONG IN STATE WHEN DEATH OCCURRED? <u>37</u> YRS. _____ MOS. _____ DS. _____			
(A) RESIDENCE: NO. _____ (USUAL PLACE OF ABODE) ST. _____				WARD _____ (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)			
PERSONAL AND STATISTICAL PARTICULARS							
3. SEX <u>Female</u>		4. COLOR OR RACE <u>white</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) <u>married</u>			
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Peter P. Reucher</u>				21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Jan 30</u> , 19 <u>37</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 1, 1961</u>				22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>Jan 29</u> , 19 <u>37</u> , TO <u>Jan 29</u> , 19 <u>37</u>			
7. AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY, HRS. OR MIN. <u>75</u> <u>7</u> <u>2</u>				LAST SAW HER ALIVE ON <u>Jan 29</u> , 19 <u>37</u> ; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>2:45</u> A. M.			
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Housewife</u>				THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: <u>Alphosphat 9</u>			
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. <u>None</u>				DATE OF ONSET _____			
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) <u>August 1936</u>				11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION <u>52 yrs.</u>			
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Wichita Co. Texas</u>				OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: <u>Chronic Nephritis</u>			
13. NAME <u>Jackson J. Stubbs</u>				NAME OF OPERATION <u>None</u> DATE OF _____			
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Texas</u>				WHAT TEST CONFIRMED DIAGNOSIS <u>Physical Exam</u> WAS THERE AN AUTOPSY? <u>no</u>			
15. MAIDEN NAME <u>Mary Hodge</u>				23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? _____ DATE OF INJURY _____, 19____			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Texas</u>				WHERE DID INJURY OCCUR? _____ (SPECIFY CITY OR TOWN, COUNTY AND STATE)			
17. INFORMANT <u>Delessa Reucher</u> (ADDRESS) <u>Eagar</u>				SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE _____			
18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____, 19____				MANNER OF INJURY _____			
19. EMBALMER _____ LICENSE NO. _____ FUNERAL DIRECTOR _____ SIGNATURE _____ ADDRESS _____				NATURE OF INJURY _____			
20. FILED <u>June 10</u> , 19 <u>37</u> <u>Mrs. H. H. Foster</u> REGISTRAR				24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? <u>no</u>			
				IF SO, SPECIFY (SIGNED) <u>G. E. Maxwell</u> M. D. (ADDRESS) <u>Springville, Ariz.</u>			